

How To File a Limited Purpose Health Care FSA Claim

To complete a Limited Purpose Health Care reimbursement request (a claim), you must submit a *Limited Purpose Health Care FSA Claim Form* along with the receipts that clearly show an eligible expense was incurred. To complete a reimbursement request, you should:

1. Complete a *Limited Purpose Health Care FSA Claim Form*
2. Attach itemized documentation
3. Submit the form and documentation to ADP



The Claim Form must be completed entirely, dated and signed. The supporting receipts or billing statements must state the vendor name, vendor contact information, purchase date, a description of the expense and the expense amount. An Explanation of Benefits (EOB) from insurance providers can also be used as supporting documentation for your claim. A credit card receipt or canceled check is not adequate documentation. Credit card receipts often do not list the individual items purchased along with a description of the item. This is why you must save your purchase receipts, bills, itemized statements or EOB. Limited Purpose Health Care claims cannot be processed for payment without proper supporting documentation.

You may submit up to four (4) purchases on a single *Limited Purpose Health FSA Care Claim Form*, using a separate line for each purchase. Please fax (fastest process) OR mail the documents, but please **DO NOT DO BOTH**. Be sure to keep a copy of your claim.

Place the documents in this order: Limited Purpose Health Care FSA Claim Form first, then the supporting documentation. Please do not return the instruction pages with your form and receipts.

Fax to: 866-457-0208 (toll-free) or 678-893-8788

OR

Mail to: ADP Claims Processing, P.O. Box 2848, Alpharetta, GA 30023-2848.

Good Receipt

→ ABC Eye Associates	01-25-2001	←
<hr/>		
(999) 555-1111	CUSTOMER RECEIPT	
<hr/>		
→ Customer Name: SARA SAMPLE		
→ Frames: 1 Set	\$125.00	
→ Lenses: anti-glare, scratch proof	\$ 79.00	
	Subtotal: \$204.00	
	Tax: \$ 12.24	
	TOTAL: \$216.24	←
<hr/>		
ABC Eye Associates * 123 Maple Street * Somewhere * CT * 99999		

Receipt Missing Information

ABC EYE ASSOCIATES	
123 MAPLE ST. SOMEWHERE, CT 99999	
<hr/>	
DATE: 01-25-2005	TIME: 08:15AM
ITEM: 0034 VIS SALE	
ACCT: XXXXXXXXXXXX30	
AUTH: 9999	
<hr/>	
TOTAL:	\$ 54.34
<hr/>	
I AGREE TO PAY ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)	
X _____	

no description of items purchased

Why Providing Documentation Is Important

The IRS has provided strict requirements stating that expenses reimbursed through a Flexible Spending Account must be substantiated using itemized receipts, bills, statements or Explanation of Benefits. All supporting documentation must reflect the vendor name, vendor contact information, date purchase/expense was incurred, a description of the expense and the expense amount. Limited Purpose Health Care FSA claims submitted without eligible documentation cannot be approved for payment, per IRS regulations. If your claim is declined for improper documentation, or if the expense is deemed as ineligible, you will be notified by ADP via U.S. Mail Service.

Limited Purpose FSA vs. Traditional Health Care FSA

In many ways, the Limited Purpose FSA (LPFSA) and the traditional Health Care FSA function exactly the same. Both are designed to reimburse healthcare related expenses that are not covered under an employee's medical insurance plan or any other reimbursement plan. Both allow the employee to designate pre-tax funds to pay for these expenses and both are governed by IRS regulations. However, the Limited Purpose FSA works exactly as its name indicates: it is limited in the types of expenses that can be reimbursed.

Because the Limited Purpose FSA is typically used in conjunction with other types of reimbursement plans, the IRS restricts the types of expenses eligible for reimbursement. It is important to remember that the LPFSA only covers expenses directly related to dental, vision and preventive care. Expenses for teeth cleanings, oral exams, cancer screenings, vision exams, prescription glasses or contact lenses and their related supplies, and annual physicals, including diagnostics tests, are considered reimbursable under the LPFSA.

Although traditional medical care expenses are covered under the traditional Health Care FSA, these types of expenses are not eligible under the LPFSA. These include expenses such as allergy medications, diabetic testing supplies, insurance deductibles, pregnancy tests, wheelchairs or any other expense that is directly related to medical care.

For more information on the Limited Purpose FSA and the traditional Health Care FSA, as well as eligible and ineligible expense lists, please visit the Learning Center at www.flexdirect.adp.com.

NOTE: The Limited Purpose FSA is most commonly utilized by employees who are enrolled in a high-deductible medical insurance plan and/or participate in a Health Savings Account (HSA) or Health Retirement Account (HRA). If you do not currently participate in these types of reimbursement plans, you may be better served using the traditional Health Care FSA. You may not be simultaneously enrolled in both an LPFSA and a traditional Health Care FSA – you must choose one or the other. For more information on the plans available through your employer and to determine which plans best meet your needs, please contact your benefit services department.

Filing Multiple Expenses with the Same Service Date and Same Amounts

There may be times when you need to submit multiple expenses for the same amounts that were incurred on the same date. For example, you have two children who need cavities filled. Both children see the dentist on the same day and both children receive the same services with the same co-pay amounts. The ADP claims processing system automatically categorizes claims based on the service date and amount and then compares those dates and amounts to claims you have already submitted. By filing a separate claim form for each child, the claim that is received and processed second will be marked as a duplicate claim. When submitting multiple claims with identical service dates and amounts, you should submit these expenses on the same claim form whenever possible. If the claims are for eligible dependents, be sure to include the dependent name and date of birth where indicated. This will help prevent eligible expenses from being inadvertently marked as duplicate claims.

You will receive a notification when a claim is marked as a duplicate. In the event a claim is mistakenly considered a duplicate, please contact your Participant Solution Center to have the claim status corrected. You may review your claims online by logging into your account at www.flexdirect.adp.com.

Resubmitting a Limited Purpose Health Care Claim When Additional Information is Requested

On occasion, you may be asked to resubmit a claim because information you provided was insufficient. You may have neglected to provide required information such as an itemized receipt or perhaps you just forgot to sign the claim form. In the event you are asked to resubmit a claim, you must submit a new claim form with the requested information.

Depending on the situation, it may not be necessary to resubmit the entire claim. For example, if you filed a claim with four purchases and **only one purchase required additional information**, you would file a new claim for that one purchase with its supporting documentation. You should not resubmit the entire claim with all four purchases as this will result in duplicating the other three purchases and you would receive a letter indicating that these purchases had been duplicated. However, if you **forgot to include receipts** or if you **neglected to sign your claim form**, it would be necessary to resubmit the entire claim with all its supporting documentation.

For questions or additional information on resubmitting claims, please contact your Participant Solution Center or visit www.flexdirect.adp.com.

Preparing Your Limited Purpose Health Care FSA Claim Form



Please do not return the instructions pages with your claim form and receipts.

The Claim Form is designed so that you may complete the form on your computer by tabbing through the designated fields and typing in the required information. If you do not have access to a computer, please use black or blue ink to complete the form. Print clearly and only in the spaces provided. This form will be processed electronically.

Step 1: Complete all Employee Information completely. When completing the Employee Information, you should provide:

- ① Your name as it appears on your paycheck. Please print your name in ALL CAPITAL letters.
- ② Your employer's name.
- ③ Your complete mailing address.
- ④ A daytime phone number where you can be reached.
- ⑤ **Your 10-digit FlexID.** Locate your FlexID by logging into your account at www.flexdirect.adp.com or by calling the Participant Solution Center at 1-(800)-654-6695.

Employee Information

(PLEASE PRINT)

Name ① **SARA SAMPLE**

(Please print name in ALL CAPITAL letters)

Employer Name **ABC Company** ②

Address ③ **1234 Main Street**

City **Anytown** ③

State **US** ③

Zip **12345** ③

Daytime Phone ④ **555-222-1234**

FlexID ⑤

0 0 1 9 9 9 9 9 9 9

Instructions: Please use blue or black ink and print like this



0 1 2 3 4 5 6 7 8 9

Step 2: Complete the Expense Information. Be sure to include only one expense per line provided. **DO NOT** combine multiple expenses on one line. The Claim Form allows you to submit up to four (4) expenses per form. Incomplete claim forms may result in claim denial or a request for more information. When completing the Expense Information, you should provide:

- ① The date the expense was incurred. This date should match the date on your receipt or EOB.
- ② The name of the physician or merchant from whom the expense was incurred.
- ③ The type of expense incurred (use the appropriate checkbox).
- ④ Qualified dependent information, if the expense is for a dependent. Provide the dependent name, the dependent's relationship to you (use "C" for Child, "S" for Spouse or "O" for Other) and the dependent's date of birth.
- ⑤ The total amount for the expense.
- ⑥ The total amount for all line items on the Claim Form.

★ **Faxing your claim package is the best submission route and will result in the quickest reimbursement.**

Expense Information

Only dental, vision and preventive care related claims should be filed under this limited purpose plan.

① Start Date of Service			NOTE: Please report <u>only one</u> expense per block. Combining multiple expenses in one block may result in a delayed reimbursement.	⑤ Amount	
MONTH	DAY	YEAR		DOLLARS	CENTS
0	5	2 6 0 8	NAME OF PROVIDER ② Northside Pediatric Dentistry	1	3 7 0 0
			TYPE OF SERVICE ③ <input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> PREVENTIVE CARE		
			DEPENDENT NAME ④ Michael Sample	RELATIONSHIP TO EMPLOYEE ④ C	DEPENDENT D.O.B. ④ 01/14/03
			Total Expenses ⑥ → \$ 1 3 7 0 0		

Step 3: Sign and date your Claim Form. Claim forms received without a signed Certification cannot be processed.

Certification

I certify that the expenses listed above qualify for reimbursement under the applicable IRS regulations and guidance and have been incurred by me or by my eligible dependents. These expenses have not been reimbursed and I will not seek reimbursement under any other source. I understand that where an expense is determined to be ineligible, I am responsible for reimbursing the plan for any such expense. Additionally, these expenses are not being claimed as tax deductions under the IRS code. Bills, statements, receipts or other proof of the expenses are attached.

SIGNATURE

Sara Sample

DATE

5/31/08

